



OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL

710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243

FAX: 615-401-2532 EMAIL: OSCME.ROI@TN.GOV

Case Number: 17033

Report of Medicolegal Death Investigation

DEMOGRAPHIC INFORMATION						
County of Death	Last Name	First Name	Middle	Race	Age	Sex
Roane	Swicegood	Quintin	Dallas	White	58yr	Male
Residential Address		City	County	State	Zip	
3741 Buttermilk Road West		Kingston	Roane	TN	37763	
INDICATION FOR MEDICAL EXAMINER INVESTIGATION						
Type of Death: <input checked="" type="checkbox"/> Violence or Trauma <input type="checkbox"/> Suddenly when in apparent health <input type="checkbox"/> Prisoner or person in state custody <input type="checkbox"/> On the job or related to employment <input type="checkbox"/> Threat to public health <input type="checkbox"/> Suspected abuse/neglect of extended care resident <input type="checkbox"/> Identity is unknown or unclear <input type="checkbox"/> Suspicious/unusual/unnatural manner <input type="checkbox"/> Found dead <input type="checkbox"/> Cremation request <input type="checkbox"/> Sudden unexpected death of infants/children (USE SUIDI/SUDC) <input type="checkbox"/> Jurisdiction Declined (Skip to Narrative Summary)						
IDENTIFICATION OF BODY						
Preliminary <input type="checkbox"/>	Viewing <input checked="" type="checkbox"/>	<input type="checkbox"/> Need Scientific Identification		Dentist:		
Positive <input checked="" type="checkbox"/>	Photograph <input type="checkbox"/>	Will need dental records, antemortem x-rays.		Dentist #:	()	
If by viewing, viewed by:						
Name:	Joseph Swicegood		Relationship:	Brother		Is decedent known to have fingerprints on file?
Address:	3741 Buttermilk Road West, Kingston, TN 37763		Phone #:	(865) 399-8694		<input type="checkbox"/> Yes <input type="checkbox"/> No
INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY						
Date of Birth:	03/10/1958		Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		
History of Domestic Violence:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Occupation: Type of Work	Truck Driver Industry: Transportation N/A <input type="checkbox"/>		
Body Temperature:	<input type="checkbox"/> Cold <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Refrigerated <input type="checkbox"/> Other:		Decomposition	<input type="checkbox"/> Early <input type="checkbox"/> Advanced <input checked="" type="checkbox"/> None		
Rigor Mortis:	<input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 '0' = Absent, '3' = Full		JAIL/POLICE CUSTODY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Blood/Froth:	<input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input type="checkbox"/> None <input type="checkbox"/> Color:		Livor Mortis:	<input type="checkbox"/> Absent <input checked="" type="checkbox"/> Blanchable		
Other: (Dirt, water etc.):	<input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears		Livor Mortis:	<input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Anterior <input checked="" type="checkbox"/> Posterior		
INFORMATION ABOUT OCCURRENCE						
ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (House, Trailer, Apt, Farm, Roadway, Hospital, etc.)	
INJURY OR ONSET OF ILLNESS	02/07/2017	1321	(Where: Address) 1102 North Gateway, Rockwood, TN 37854 (By whom: Name & Phone Number) Det. Dwayne Gray	Roane	Inside Vehicle	
LAST KNOWN TO BE ALIVE	02/07/2017	1321	(Where: Address) 1102 North Gateway, Rockwood, TN 37854 (By whom: Name & Phone Number) Det. Dwayne Gray	Roane	Inside Vehicle	
FOUND DEAD	02/07/2017	1321	(Where: Address) 1102 North Gateway, Rockwood, TN 37854 (By whom: Name & Phone Number) Det. Dwayne Gray	Roane	Inside Vehicle	
POLICE NOTIFIED	02/07/2017	1321	POLICE AGENCY: Rockwood Police Department	INVESTIGATOR/PHONE NUMBER: Det. Dwayne Gray 865 354 3366		
EMS TRANSPORT TO E.R.		Arrive	HOSPITAL:	BLOOD, URINE obtained in Emergency Room <input type="checkbox"/> Yes <input type="checkbox"/> No (Obtain admission blood/urine & send with the body.)		
DEATH (PRONOUNCED)	02/07/2017	1640	(By Whom/Where: Name & Address) Thomas Boduch MD ME--@ Rockwood Fire Dept.	TOXICOLOGY Ordered: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specimen site: (Do not draw toxicology if sending for autopsy.)		

MEANS OF DEATH (Agency or Object) – IF OTHER THAN NATURAL

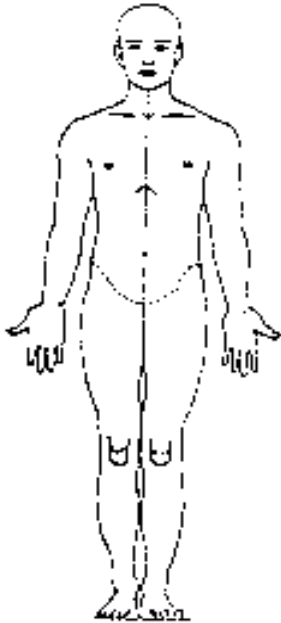
<input type="checkbox"/>	MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver (If known) <input type="checkbox"/> Passenger (If known) <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other	<input type="checkbox"/> Lap Belt Used <input type="checkbox"/> Shoulder Belt Used <input type="checkbox"/> Helmet <input type="checkbox"/> Child Restraint	<input type="checkbox"/> Hit-Run <input type="checkbox"/> Air Bag Deployed <input type="checkbox"/> Other	<input type="checkbox"/> Passenger Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle	<input type="checkbox"/> Farm Vehicle <input type="checkbox"/> Train <input type="checkbox"/> ATV <input type="checkbox"/> Other:	
<input checked="" type="checkbox"/>	GUN	<input type="checkbox"/> Rifle – Cal. <input checked="" type="checkbox"/> Handgun – Cal. .410 <input type="checkbox"/> Shotgun – Cal. <input type="checkbox"/> Unknown Type	<input type="checkbox"/>	OTHER INSTRUMENT:	<input type="checkbox"/>	DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/>
		<input type="checkbox"/> Blunt <input type="checkbox"/> Sharp <input type="checkbox"/> Unknown		SURGICALLY TREATED:		<input type="checkbox"/> Alcohol <input type="checkbox"/> Other Drug, Poison, or Chemical: <input type="checkbox"/> Unknown	<input type="checkbox"/> Ingested <input type="checkbox"/> Injected <input type="checkbox"/> Inhaled <input type="checkbox"/> Topical <input type="checkbox"/> Unknown
				<input type="checkbox"/> Yes: <input checked="" type="checkbox"/> No			

MEDICAL HISTORY

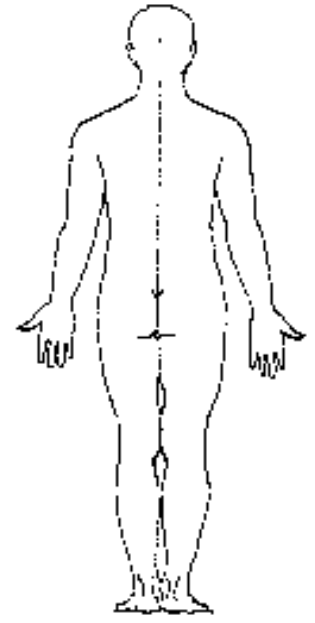
CONDITION: <input checked="" type="checkbox"/> Alcoholism <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Lung Disease <input type="checkbox"/> Fractures <input type="checkbox"/> Heart Disease <input type="checkbox"/> Seizure <input type="checkbox"/> Recent Fall/Injury <input type="checkbox"/> Other:	FAMILY PHYSICIAN – DOCTOR: None ADDRESS: N/A PHONE #: MEDICATIONS (Please use attached Medication Log)
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NEXT OF KIN Address and Phone #:	Joseph Swicegood 865-399-8694
FUNERAL HOME Address and Phone #:	Kyker Funeral Home, 430 Morgan Street, Harriman, TN 37748 865-882-1515

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add Sheet if Needed):



Decedent had been drinking considerable alcohol for the past few days and had been talking "suicide by cop" and/or by self. His father and brother went to Roane County Sheriff's office for assistance and spoke with Chief Morris and Det. Mayes. Call made to 911 @ 1227; BOLO issued. Family discovered that decedent was in father's vehicle at the Wal Mart Parking lot. Father and Brother located him and called for RPD assistance. As officer approached vehicle, decedent pointed a gun at officer. Officer shot x 1 and hit car frame. Decedent then put gun to his right occiput and shot himself--witnessed by Det. Gray. Vehicle with decedent in place transported to Rockwood Fire Dept. for processing by TBI. Lead investigator is Agent Jason Legg. Gun was a JUDGE with 5 .410 #4 shot rounds--one fired--Federal ammo. There was a box of ammo missing 5 rounds along with a full box of .45 ammo in a bag on passenger's seat along with several bottles of Vodka. SSAN 410 04 6683; TDL 048005632. Enroute 1615; 10-97 1635; 10-98 1803; 23 miles. Brother, Joe Swicegood, notified of impending autopsy.



Body Viewed by Medical Examiner or Medicolegal Death Investigator: Yes No

CAUSE AND MANNER OF DEATH

Presumed Cause of Death:	Date:	<input type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING
Self Inflicted Gunshot Wound to Head	02/07/2017	

I hereby declare that after receiving notice of death described herein, I took charge of the body and made inquiries regarding the cause of death in accordance with Section 38-7-109 Tennessee Code Annotated and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

Medical Examiner/Investigator: Thomas Boduch MD	Physician Responsible for Death Certificate: Thomas Boduch MD
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The accompanying body of Quintin Swicegood is the subject of an investigation by the medical examiner. In accordance with Tennessee Code Annotated 38-7-106, I am ordering an autopsy upon the body.

Order for Autopsy: Yes No

Was served to the next of kin on 02/07/2017 at 1543

Was unable to locate the next of kin by a diligent search and inquiry.

Authorizing Signature of Medical Examiner or Delegated Investigator: _____